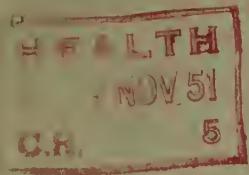


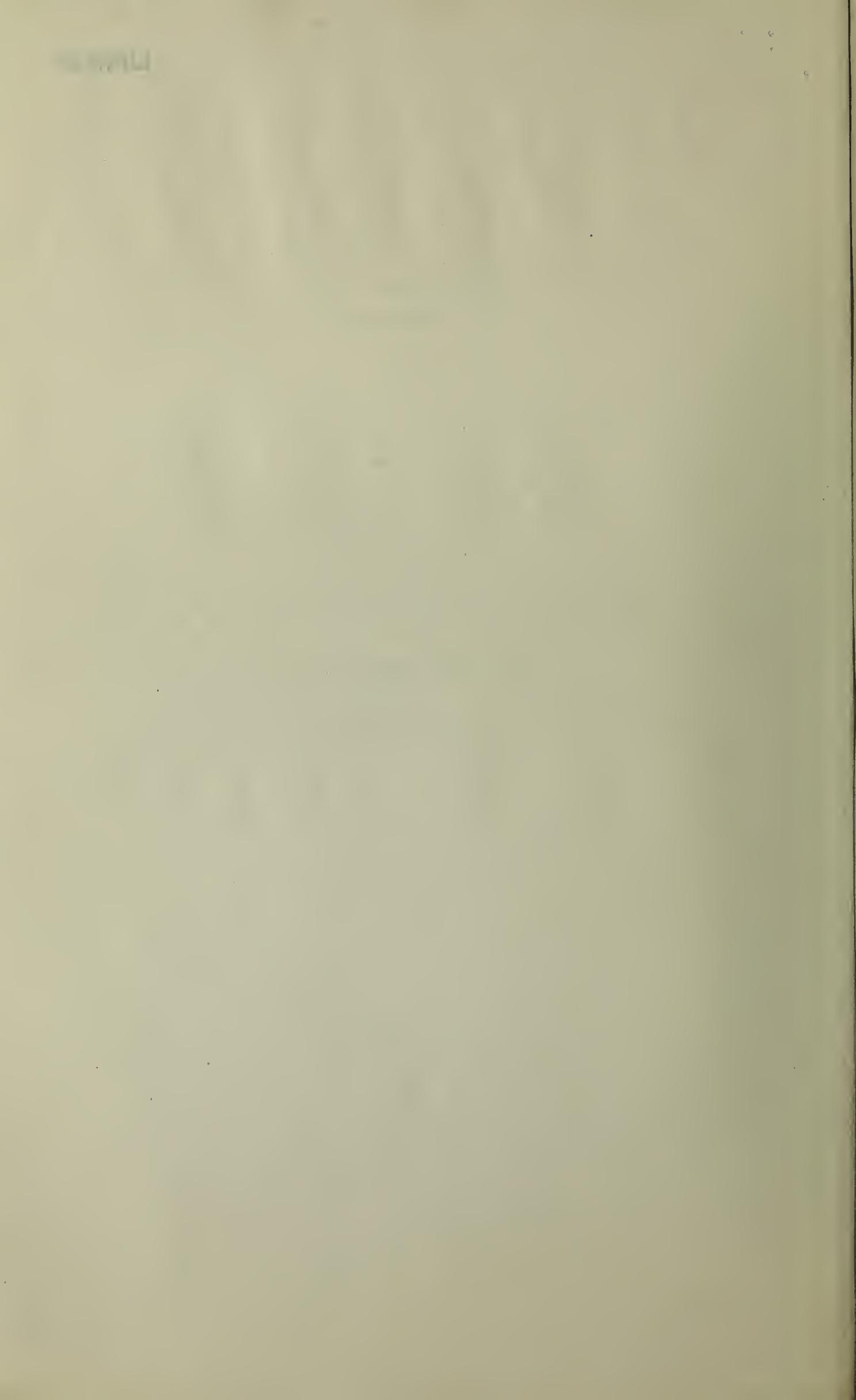
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A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R
FOR THE YEAR 1950.



DODWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,
The Gables,
WOMBWELL.

October, 1951.

ANNUAL REPORT
for the year ended 31st December, 1950.

To the Chairman and Members of the
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1950. Included in the report are some details of the County health services for which I am responsible as I am sure the information will be of interest to you.

The vital statistics for the year were on the whole very favourable and in most instances showed improvement on those of the previous year. While the birth rate declined it still remained higher than that for England and Wales. The adjusted death rate fell from 10.9 per 1000 estimated population in 1949 to 10.4 and was considerably lower than the rate for the country as a whole. The infant mortality rate of 13 per 1000 live births compared most favourably with the rate of 30 per 1000 live births for England and Wales. Apart from Measles there was little notifiable infectious disease in the district.

As far as I am able to judge from the information available to me the general health of the people in your district last year was satisfactory and in many ways this was only to be expected. The district is neither in the country nor in the town but possesses the amenities of each and despite its close proximity to a large County Borough area it remains a village and keeps a healthy community spirit. All these factors have a very direct bearing on the health of the population and we must be thankful for them. I could but wish that the housing situation was more in line with the other amenities the district enjoys.

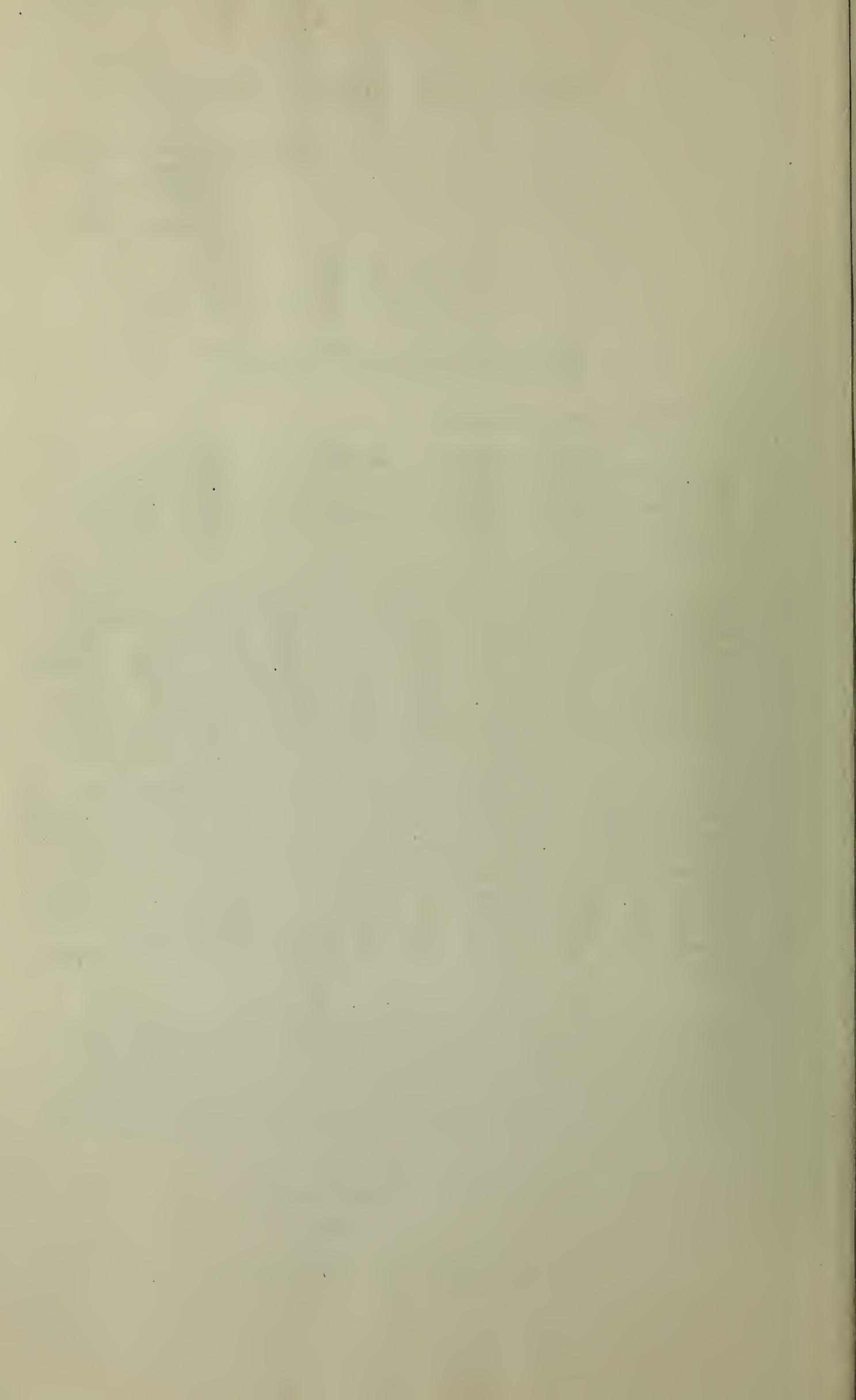
I would like to take the opportunity to thank the members of the Council for the support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance, and your Sanitary Inspector, Mr. P. B. Hawley, for the loyal co-operation he has always so readily given me. He has prepared that part of the report dealing with the Sanitary circumstances of the district.

I am,

Your obedient Servant,

R. S. HYND.

Medical Officer of Health.



DODWORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

FOR THE YEAR 1950.

Statistics and Social Conditions of the Area.

Area	...	...	...	...	...	...	1,857 acres
Population (Census 1931)	...	...	...	...	...	...	4,245
Registrar General's estimate of resident population mid 1950	..	..	..	..	..	..	4,358
No. of inhabited houses	...	...	...	...	...	...	1,133
Rateable Value	...	...	...	...	...	...	£15,229
Nett Product of a Penny Rate	...	...	...	...	...	...	£55

Coal mining and agriculture are the only industries in the township.

VITAL STATISTICS.

Live Births

		Males	Females	Total	
Legitimate	43	28	71
Illegitimate	2	2	4
TOTALS	...	45	30	75	

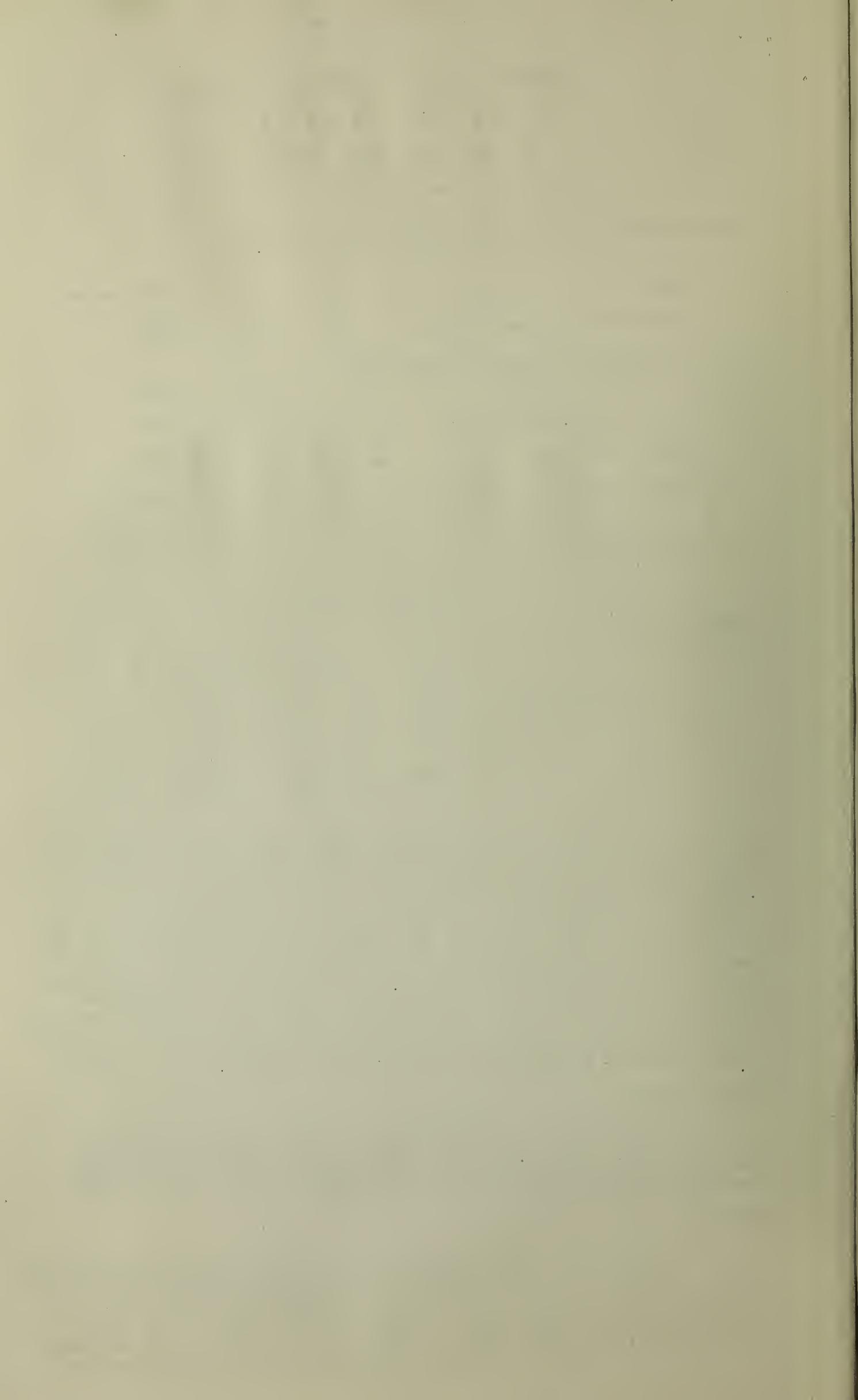
The number of live births registered shows a decrease of 19 from the previous year with a crude birth rate of 17.2 per 1000 estimated resident population as compared with 21.6 per 1000 estimated population for 1949. The Registrar General supplied a comparability factor for the births in 1950, a factor which relates the proportion of women of child bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this comparability factor gives an adjusted birth rate which is strictly comparable with similar adjusted birth rates in other districts and with the birth rate of the country as a whole. The adjusted birth rate for the district was 17.7 per 1000 estimated population as compared with 15.8 per 1000 estimated population for England and Wales.

Still Births.

There were 4 still births last year as compared with none in 1949. The still birth rate for the district was 0.91 per 1000 estimated population which compares with 0.37 per 1000 estimated population for England and Wales.

Deaths.

Once again the Registrar General supplied a comparability factor for deaths in the district. The adjusted death rate was 10.4 per 1000 estimated population as compared with 10.9 for the previous year and with 11.6 for England and Wales. The number of deaths was one less than in 1949 and 12 of the deaths occurred in hospital. 21 of the total of 35 deaths were of persons over



the age of 65 years and 51% of all deaths were due to heart and circulatory diseases. I regret to record that one death was due to child birth, the baby being still born. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

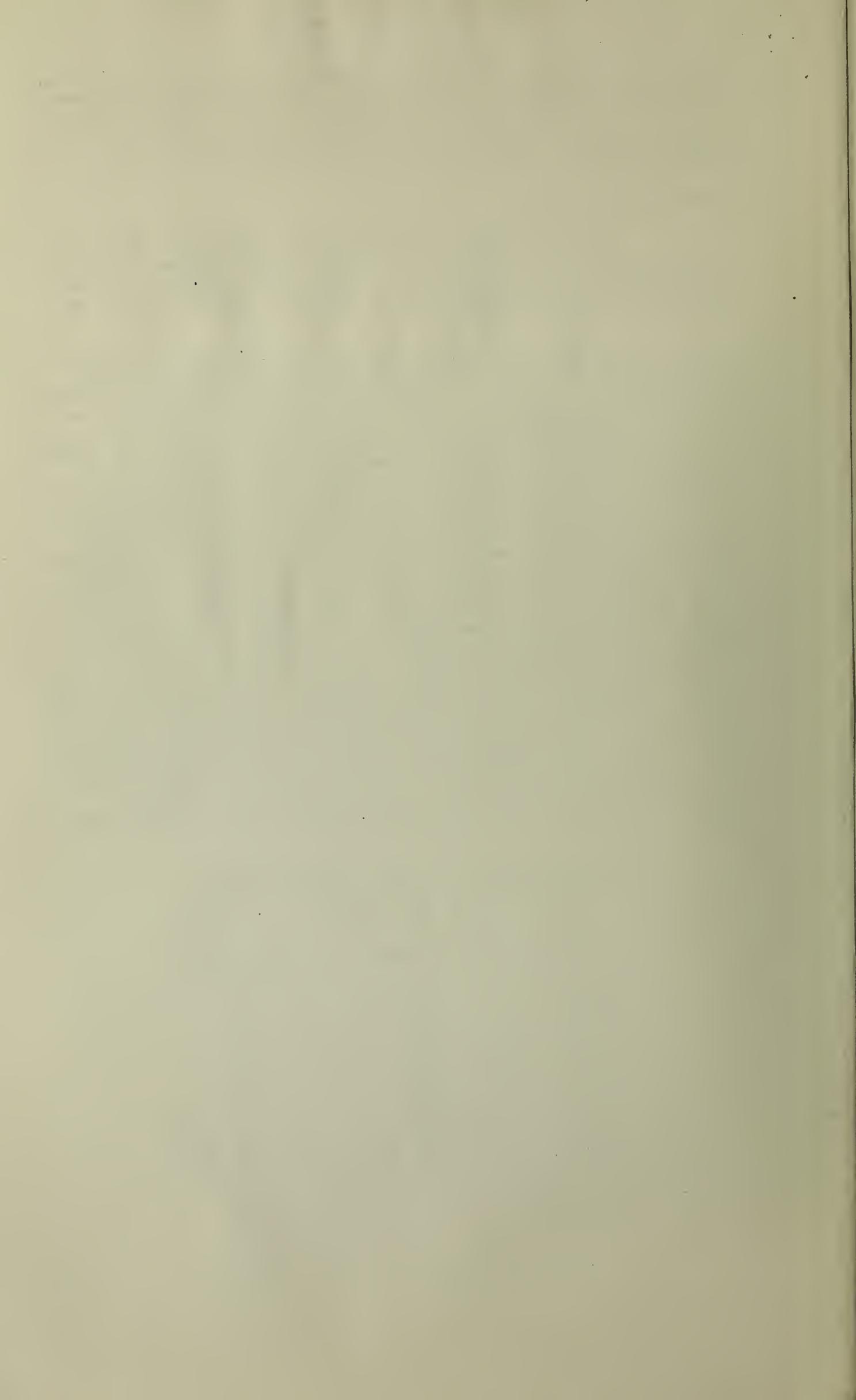
Infantile Mortality.

There was only one infant death last year giving an Infantile Mortality Rate of 13 per 1000 live births, the lowest ever recorded in the district. The child died following an operation for intussusception, an uncommon condition and one which is not preventable.

In my annual report for last year I drew attention to the continued decline in infantile mortality and to the fact that for the third successive year the infantile mortality rate for the district was lower than that for the country as a whole. I am pleased to be in the position to state the decline in infantile mortality was continued in 1950 and indeed I look forward to the time, with every hope that it will be realised, when I can write in an annual report that no infant deaths occurred in the year under review. It is true that so long as there exist causes of infant deaths over which there is incomplete medical control there may be fluctuations in the infantile mortality rate, fluctuations which may be especially wide in a small district like yours. But while one adverse rate might be attributable to ill-luck it cannot be said that a rate which for years has declined steadily and which for four successive years has been lower than the rate for England and Wales is due entirely to good luck. It is, in fact, due to sound infant management and the parents of Dodworth are to be congratulated not only on their knowledge of the principles of infant management but on their ability to translate theory into practice. A low infantile mortality rate more often than not goes hand in hand with a low infantile morbidity rate, i.e. a low sickness rate among infants, and I am certain this applied last year in your district. To have a healthy start in life is surely the right of all, a right which is not always realised but which appears to have been in your district last year.

A comparison of Infantile Death Rate of Dodworth and England and Wales for Years 1941 to 1950.

Year	Dodworth	England & Wales.
1941	58	59
1942	36	49
1943	43	49
1944	56	46
1945	153	46
1946	60	43
1947	29	41
1948	25	34
1949	21	32
1950	13	30

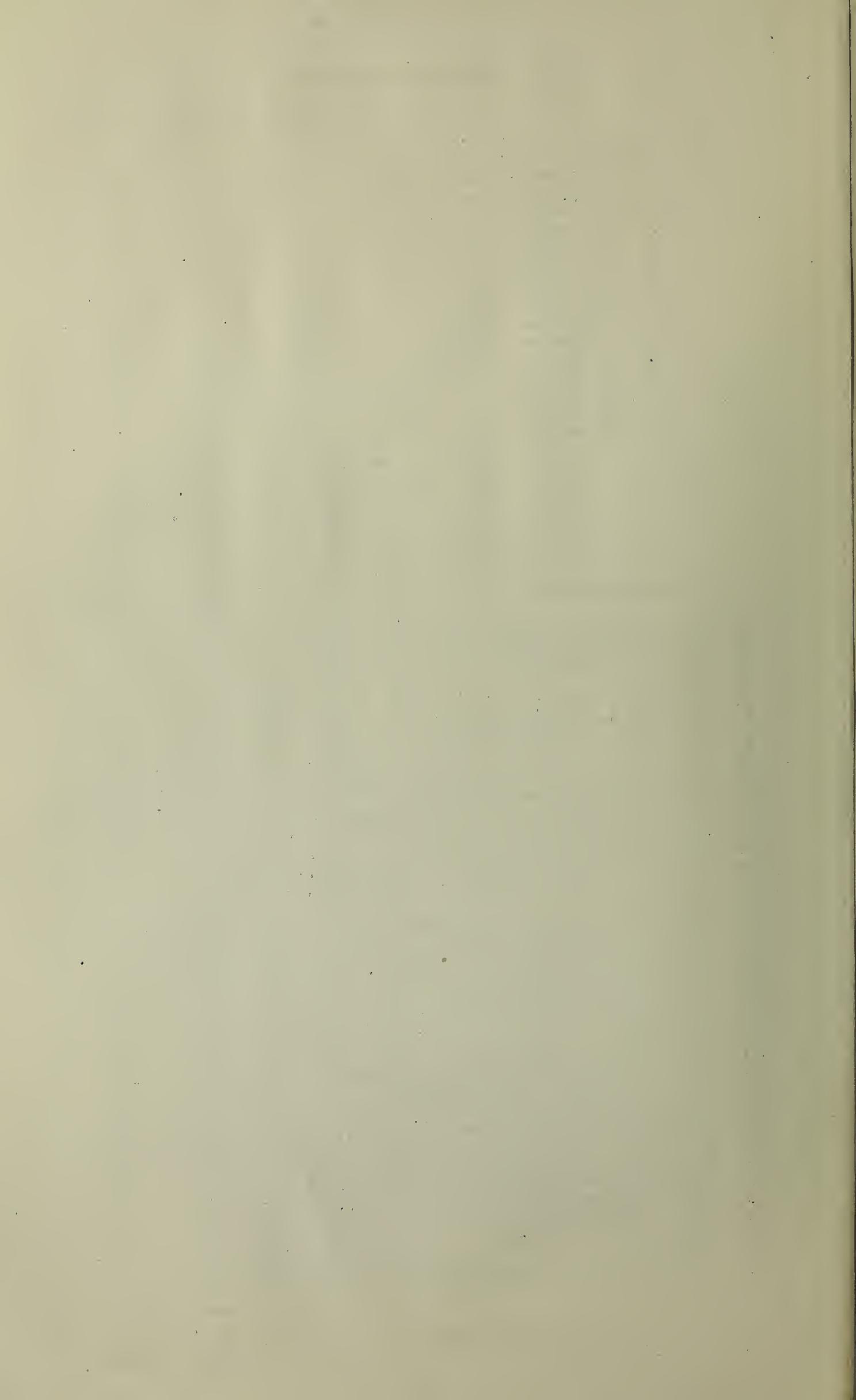


Deaths in Age Groups.

			Male	Female	Total
Under 1 year	...	...	-	1	1
1 - 5 years	...	...	-	1	1
5 - 10 years	...	...	-	1	1
10 - 15 years	...	...	-	-	-
15 - 20 years	...	...	-	-	-
20 - 25 years	...	...	1	-	1
25 - 35 years	...	...	-	-	-
35 - 45 years	...	...	1	2	3
45 - 55 years	...	...	1	-	1
55 - 65 years	...	...	6	-	6
65 - 70 years	...	...	3	2	5
70 - 75 years	...	...	1	3	4
75 - 80 years	...	...	5	1	6
80 - 85 years	...	...	1	1	2
85 - 90 years	...	...	2	2	4
90 and over	...	...	-	-	-
			—	—	—
	TOTALS	21	14	35	
		—	—	—	—

Causes of Death in 1950.

Causes of Death			Male	Female
1. Tuberculosis, respiratory	...	...	-	-
2. Tuberculosis, other	...	...	-	-
3. Syphilitic disease	...	...	-	-
4. Diphtheria	...	...	-	-
5. Whooping Cough	...	...	-	-
6. Meningococcal Infections	...	...	-	-
7. Acute Poliomyelitis	...	...	-	-
8. Measles	...	...	-	-
9. Other infective & parasitic diseases	...	...	-	-
10. Malignant neoplasm, stomach	...	...	-	1
11. Malignant neoplasm, lung, bronchus	...	...	-	1
12. Malignant neoplasm, breast	...	...	-	1
13. Malignant neoplasm, uterus	...	...	-	1
14. Other malignant & lymphatic neoplasms	...	...	-	1
15. Leukaemia, Aleukaemia	...	...	-	1
16. Diabetes	...	...	1	-
17. Vascular lesions of nervous system	...	...	1	-
18. Coronary disease, angina	...	...	2	1
19. Hypertension with heart disease	...	...	1	1
20. Other heart disease	...	...	6	4
21. Other circulatory disease	...	...	3	1
22. Influenza	...	...	-	-
23. Pneumonia	...	...	-	-
24. Bronchitis	...	...	3	1
25. Other diseases of respiratory system	...	...	1	-
26. Ulcer of stomach and duodenum	...	...	-	-
27. Gastritis, enteritis and diarrhoea	...	...	-	-
28. Nephritis and nephrosis	...	...	1	-
29. Hyperplasia of prostate	...	...	1	-
30. Pregnancy, childbirth, abortion	...	...	-	1
31. Congenital malformations	...	...	-	-
32. Other defined and ill-defined diseases	...	...	-	1
33. Motor vehicle accidents	...	...	-	-
34. All other accidents	...	...	-	2
35. Suicide	...	...	1	1
36. Homicide and operations of war	...	...	-	-
	All causes	...	21	14
		—	—	—



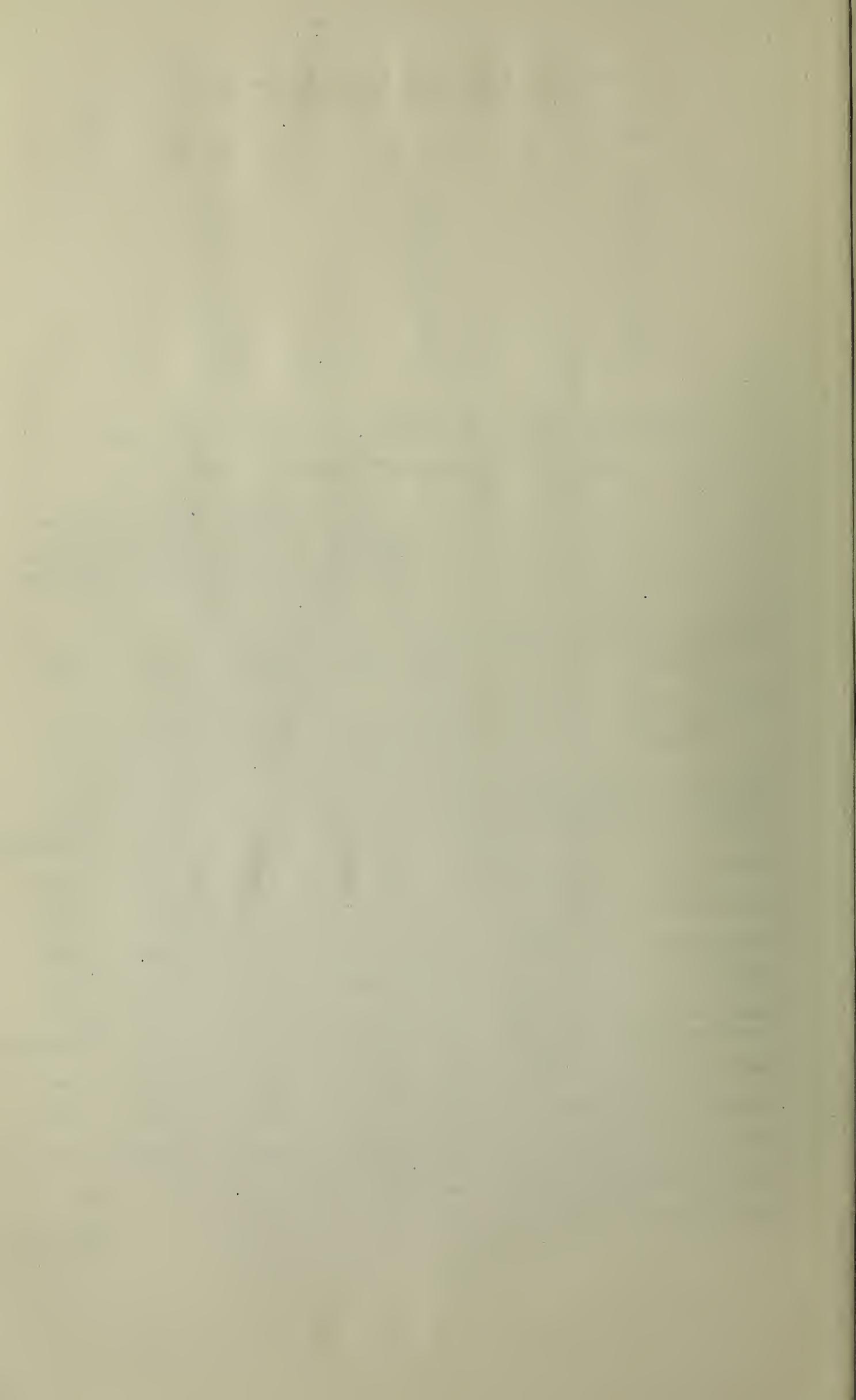
Total of Births and Deaths in Dodworth
for the Years 1941-1950.

Year	No. of Births	No. of Deaths.
1941	86	45
1942	83	36
1943	92	39
1944	89	36
1945	78	52
1946	100	38
1947	104	38
1948	79	31
1949	94	36
1950	75	35

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950.

Based on the Registrar General's figures

	Dodworth Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. Districts	England & Wales (prov'nal figures)
Birth rate per 1000 est. pop:				
Crude	17.2	15.9	16.3	15.8
Adjusted	17.7	16.2	-	-
Death Rate per 1000 est. pop:				
Crude	8.0	12.4	11.8	11.6
Adjusted	10.4	12.6	-	-
Infective & parasitic disease excluding Tuberculosis but including Syphilis and other				
V.D.	...	0.10	0.10	Not available
Tuberculosis, respiratory	...	0.26	0.26	0.32
Tuberculosis, other	...	0.04	0.04	0.04
Tuberculosis, all forms	...	0.30	0.30	0.36
Cancer	0.46	1.94	1.83	1.99
Vascular lesions of the nervous system	0.23	1.70	1.59	Not available
Heart and circulatory	4.13	4.66	4.39	-do-
Respiratory diseases	1.15	1.26	1.18	-do-
Maternal mortality	12.66	0.95	0.98	0.86
Infant mortality	13	35	35	30
Still births	51	24	24	Not available



Birth rates, Death rates, Analysis of Mortality,
Maternal Mortality and Case rates for certain
Infectious Diseases in the Year 1950.

(Provisional Figures based on Quarterly Returns)

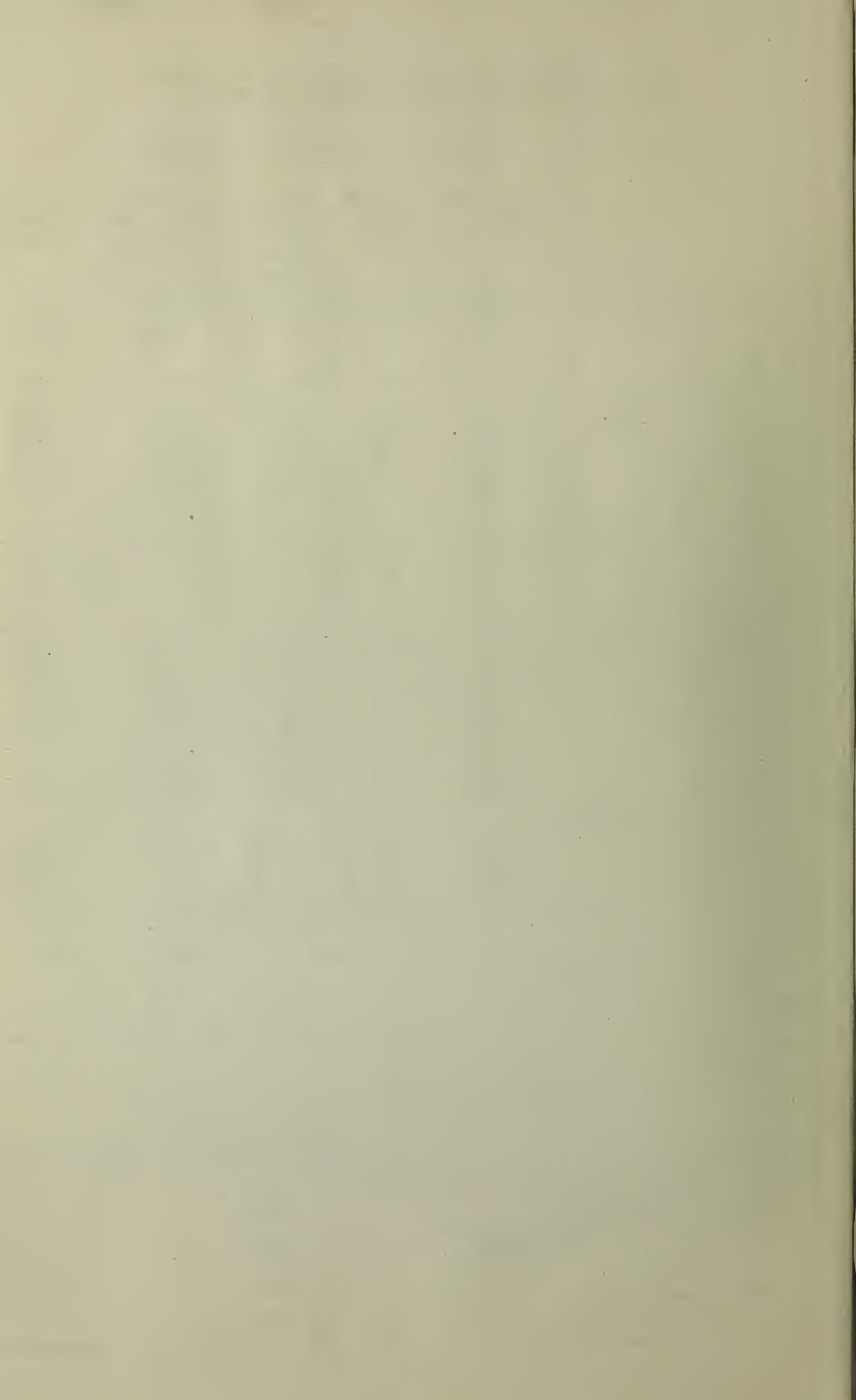
	Dodworth Urban District	England and Wales	126 C. B's & great towns	148 smaller towns, res. pop. 25,000 including London	London Admin. County
				- 50,000 at London	
				1931 census	

Births		Rates per 1,000 Home Population.			
Live Births	17.7	15.8	17.6	16.7	17.8
Still Births	0.91	0.37	0.45	0.38	0.36
Deaths					
All causes	10.4	11.6	12.3	11.6	11.8
Typhoid & Para-typhoid Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.00	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.00	0.35	0.42	0.33	0.39
Influenza	0.00	0.10	0.09	0.10	0.07
Smallpox	-	-	-	-	-
Acute poliomyelitis (inc. polioencephalitis)	0.00	0.02	0.02	0.02	0.01
Pneumonia	0.00	0.46	0.49	0.45	0.48
Notifications (corrected)					
Typhoid Fever	0.00	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.00	0.01	0.01	0.01	0.01
Meningococcal Infection	0.00	0.03	0.03	0.02	0.03
Scarlet Fever	1.60	1.50	1.56	1.61	1.23
Whooping Cough	1.60	3.60	3.97	3.15	3.21
Diphtheria	0.00	0.02	0.03	0.02	0.03
Erysipelas	0.23	0.17	0.19	0.16	0.17
Smallpox	-	0.00	0.00	-	-
Measles	18.35	8.39	8.76	8.36	6.57
Pneumonia	0.23	0.70	0.77	0.61	0.50
Acute poliomyelitis (inc. polioencephalitis)					
Paralytic	0.00	0.13	0.12	0.11	0.08
Non-paralytic	0.00	0.05	0.05	0.06	0.05
Food poisoning	0.00	0.17	0.16	0.14	0.25

Deaths		Rate per 1,000 live births			
All causes under 1 year of age	13.3	29.8	33.8	29.4	26.3
Enteritis & Diarrhoea under 2 years of age	0.00	1.9	2.2	1.6	1.0

Notifications (corrected)		Rates per 1,000 Total (Live & Still) Births			
Puerperal fever and Pyrexia	0.23	5.81	7.43	4.33	6.03

Maternal Mortality in England and Wales		Rates per 1,000.	
International List No. and cause		Total (Live and Still) Births	Rates per million women aged 15-44
651. Abortion with sepsis		0.09	7
650, 652. Other abortion		0.05	4
640-649, 670-678. Complication of pregnancy and delivery		0.54	-
681. Sepsis of childbirth and the puerperium		0.03	-
680, 682-689. Other complications of the puerperium		0.15	-



GENERAL PROVISIONS OF THE HEALTH SERVICES.

The duty of providing residential accommodation for the aged and infirm and those in need of care and attention was discharged by the County Council. I am glad to report that it was not found necessary to take action under Section 47 of the National Assistance Act, 1948.

Comment on the hospital service is not strictly now within my province but as your medical officer of health I cannot but be interested in all the health services of the district whether I am concerned in their administration or not. It is perhaps too soon since the inception of the National Health Service Act to expect a satisfactory balance to have been struck among the hospital needs of the acute and chronic sick, the infectious diseases and the mental illnesses. The hospital needs of the acute sick of the district, the maternity patients and those suffering from infectious diseases were more than adequately met last year. Admission of tuberculous patients into sanatoria was accelerated and the time lag between diagnosis and admission materially improved. The provision of hospital beds for the chronic sick was not satisfactory though there was some improvement in the situation towards the end of the year. Perhaps the most urgent need for better hospital provision was among patients suffering from mental illnesses including the more severe forms of mental defectiveness. Nursing a patient suffering from a mental disorder imposes a very considerable strain on the other members of the family and often seriously dislocates the home life. So often such patients need almost constant attention throughout the 24 hours of the day and, while the other members of the family usually accept this heavy burden with great fortitude and give the patient every care, it is not surprising, because of the long duration of many mental illnesses, when eventually they seek assistance and ask for the admission of the patient to hospital. Last year considerable difficulty was experienced in getting hospital vacancies for aged mental patients and for young persons suffering from the more severe forms of mental deficiency and many families suffered considerable strain because of it. The Regional Hospital Board and the Local Management Committees are well aware of the position and it is hoped their efforts to remedy the situation will soon meet with success.

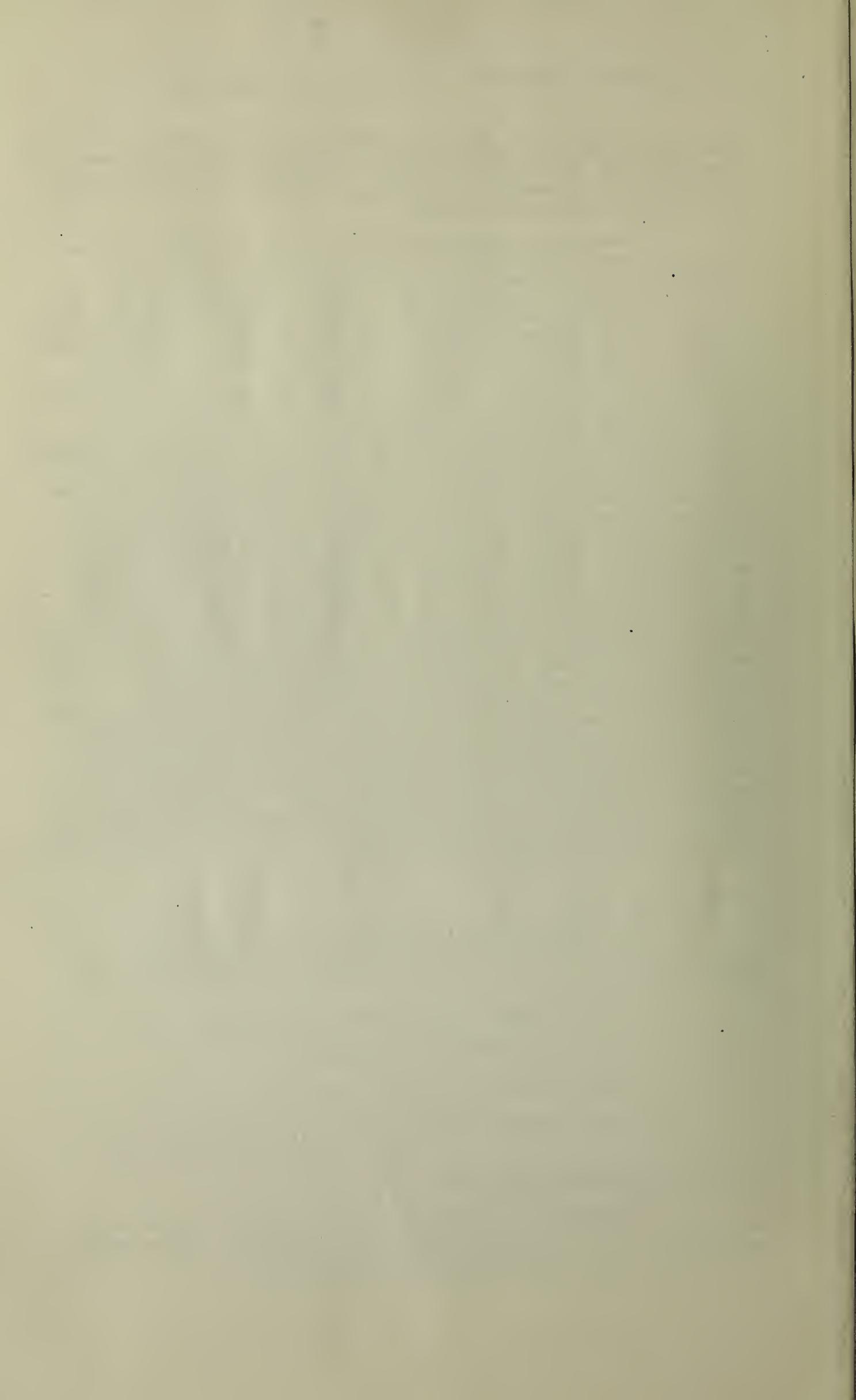
General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below.

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.



Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals:

St. Helen Hospital, Barnsley.

Montagu Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

Throughout the year the closest liaison between the Chest Physician and the Health Department was maintained, a liaison made the stronger by the linkage of the two departments through the work of the Tuberculosis Visitor. She, while officially attached to my staff, worked also with the Chest Physician in his clinics and her work, in no small way, bridged the gap between preventative and curative medicine and welded the work of both departments into one corporate whole. Under Section 28 of the National Health Service Act facilities were given by the County Council for after-care arrangements for tuberculosis patients. On the advice of the Chest Physician extra nourishment in the form of a free milk allowance was given to those patients for whom it was indicated on medical grounds; and open-air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. The Tuberculosis Visitor, by regular visitation of the homes of all tuberculous patients, not only looked after the welfare of the patient but kept under surveillance the family contacts and advised on the precautions to be taken against the spread of infection in the family.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below.

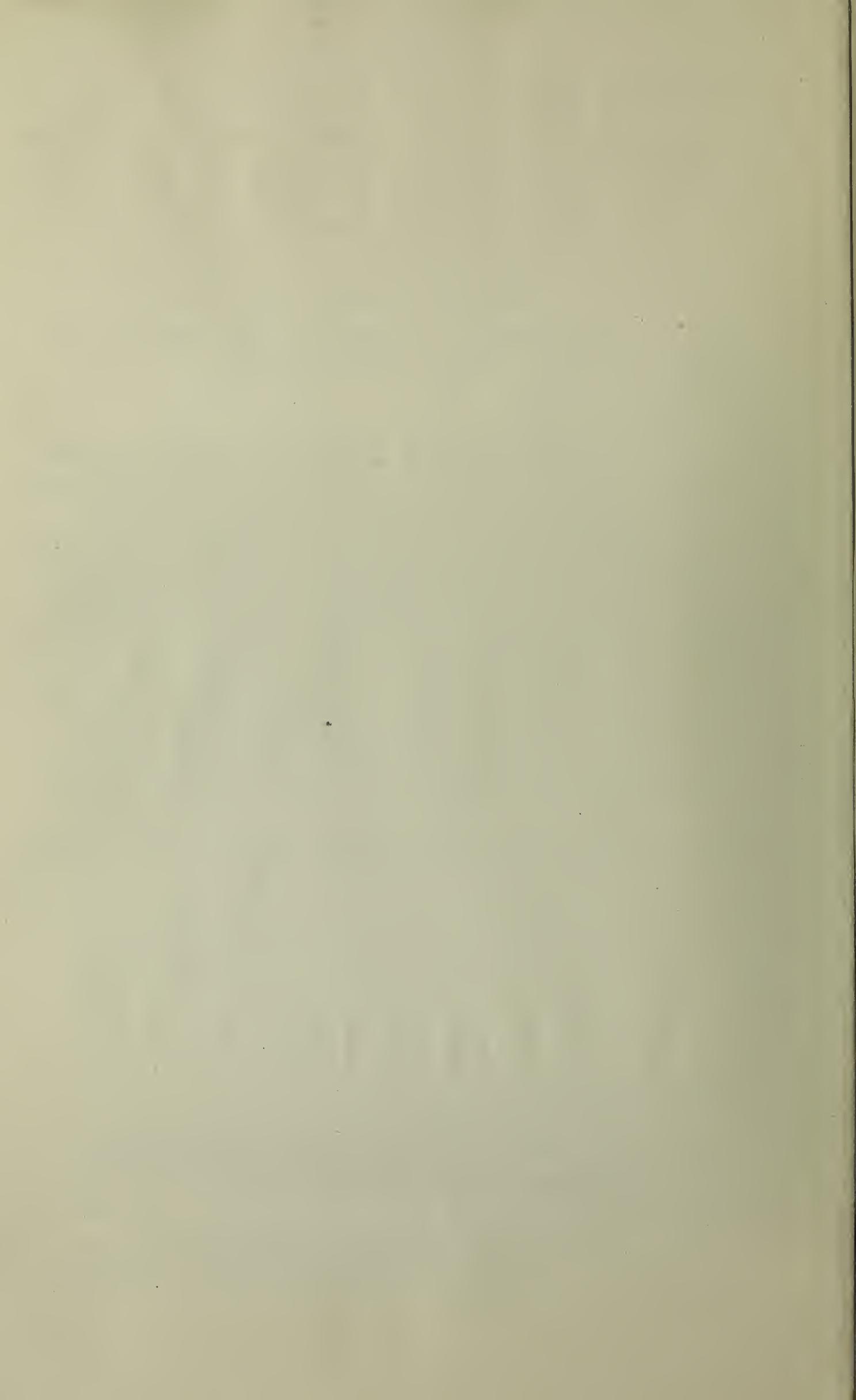
Wednesdays	-	10.0. a.m. - 12.0. noon.
Wednesdays	-	2.0. p.m. - 4.0. p.m.
Thursdays	-	10.0. a.m. - 12.0. noon.
Thursdays	-	2.0. p.m. - 4.0. p.m.
Fridays	-	10.0. a.m. - 12.0. noon.

Venereal Diseases.

The nearest centre for Dodworth patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,
Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.



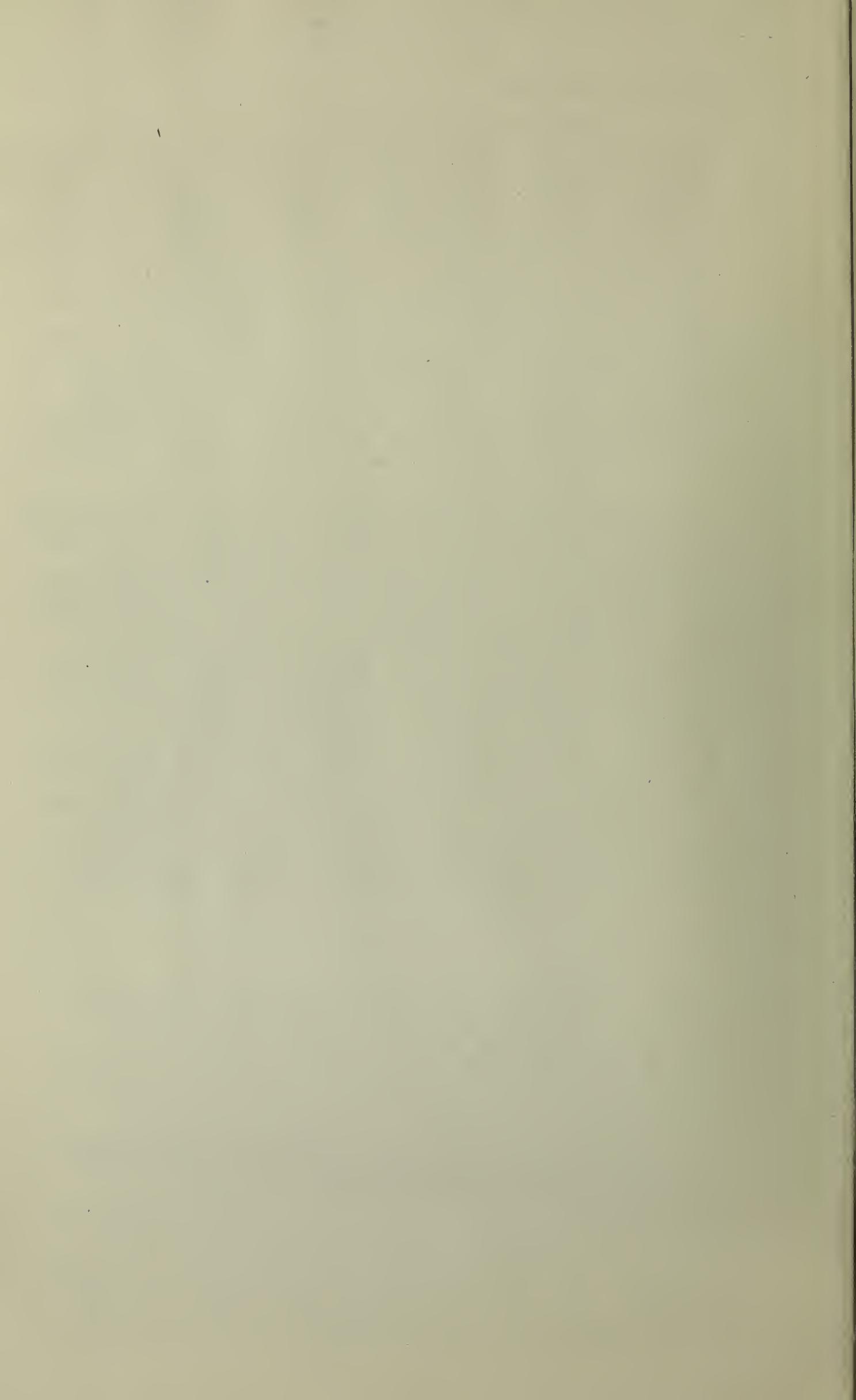
Ambulance Service.

Much internal re-organisation of the ambulance service was made in 1950 and the personnel must be congratulated on the excellent service which was provided. The year saw the final replacement of all the old-type ambulances by new vehicles, modern in design and adaptable for both stretcher and sitting patients, and all equipped with radio-telephony. The use of radio-telephonic control not only saved a considerable ambulance mileage but ensured a quicker response to an urgent call than was possible in the past. It is now the proud boast of the local depot that an ambulance can collect an urgent case even from the extreme limits of the collecting area within 15 minutes of the receipt of the call at the depot by re-routing by radio-telephone the nearest ambulance to the spot. For urgent cases reciprocal arrangements with the neighbouring County Boroughs of Sheffield and Barnsley provide for the immediate despatch of the nearest ambulance no matter which authority is responsible for the service, a most praiseworthy example of mutual co-operation and assistance with the interest of the patient put above all other considerations.

While we must be grateful for an efficient ambulance service its continued efficiency must to a large extent depend on the co-operation of the public and the careful use of the service. In my last annual report I commented upon the greatly increased demands on the ambulance service since the introduction of the National Health Service Act, demands which even still further increased in 1950. There was certainly not a commensurable increase in the amount of sickness in 1950 to account for the further increase nor were there appreciably more calls for the immediate removal to hospital of patients seriously ill from disease or injury. As in the previous year once again the increase was in the main connected with the out-patient department traffic. In practice a heavy out-patient department traffic means the routing of ambulances over a very wide area and in consequence delay in getting patients home. Additionally it often means extra waiting time at hospitals for out-patients because of the large numbers to be carried. We must distinguish between an ambulance service and a taxi service, the one is a necessity which we must afford, the other is a convenience which we cannot. This distinction is not yet apparent to all; let us hope that it soon will be and the present misuse of the service stopped.

Home Nursing.

The scope of the home nursing service has widened and the effect of this expansion was seen last year when more calls for nursing attention to patients with acute illnesses were received than was usual in the past. The limit of the service has by no means been reached and I fully expect the demands on the service will steadily increase in the next few years with the scope and variety of the patients nursed ever widening. Home Nursing does not replace hospital treatment but it is complementary to it and does materially help hospital bed accommodation especially when used in conjunction with the home help scheme. Throughout the year there existed a close liaison, through the almoner service, between the hospitals in Sheffield and Barnsley and the health department, with the result that it was possible to discharge patients from hospital, particularly those recovering from operation, sooner than would have been the case if the home nursing services had not been so fully developed. The need also for some of the chronic sick being admitted to hospital was removed because of the availability of a home nurse and a suitable home help.



Nursing in the home is to be encouraged and not discouraged; hospitals are necessary for many illnesses but the aim should always be to treat a patient in his own home and only admit to hospital when adequate treatment in the home is impossible. More often than not the main stumbling block to home nursing is inadequate housing accommodation and not inadequate means of treatment and as the housing situation improves so will the emphasis on home nursing be stronger. The family doctor, with the help of a home nurse and domestic assistance, can more than cope with most illnesses and it will be for the benefit of the community if he is allowed and encouraged to do so.

Home Help Scheme.

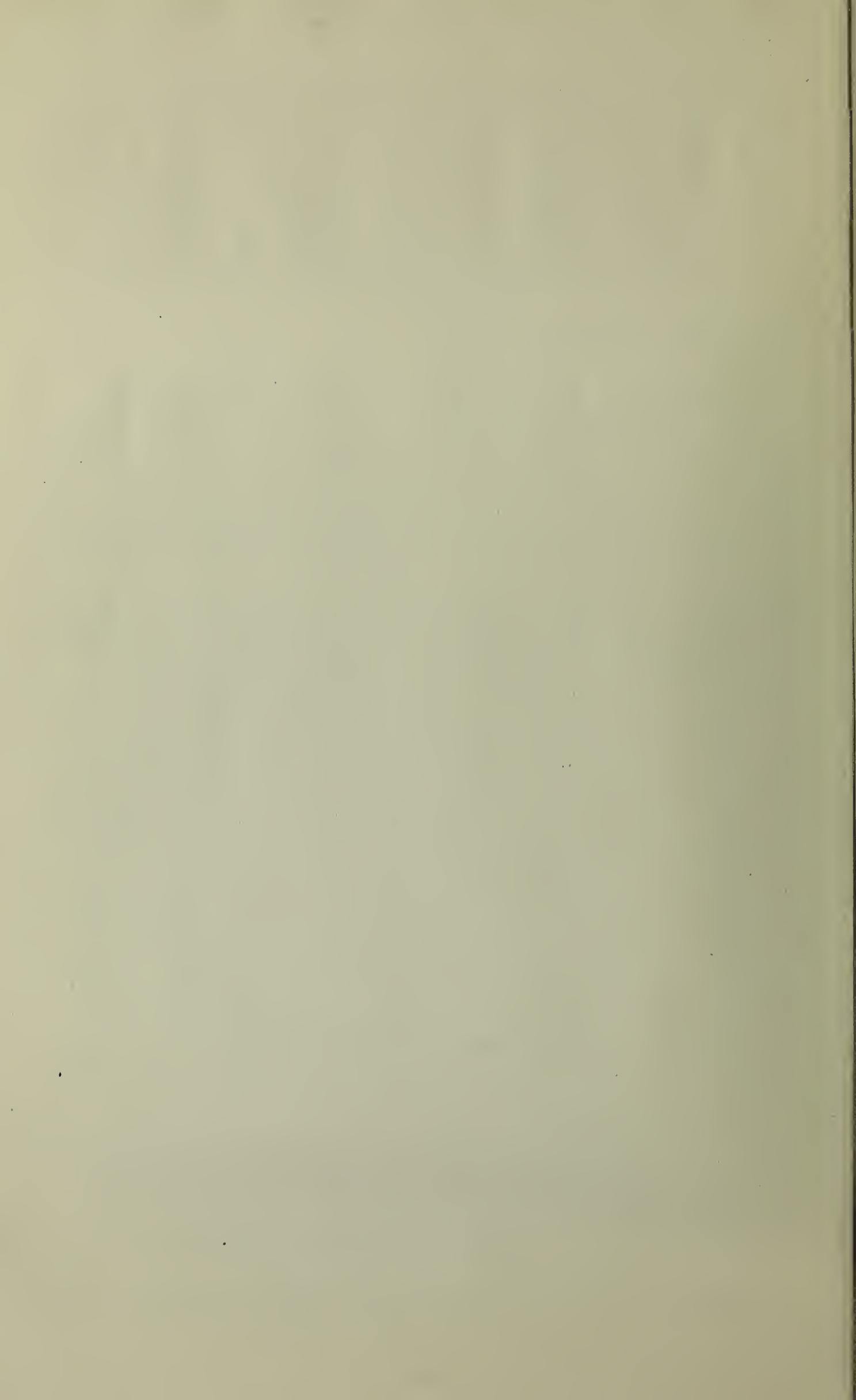
The expansion of the home help scheme was made possible in the middle of the year by an increase in the establishment for the division from 8 whole-time home helps, or their equivalent in part-time workers, to 13. Once again the greatest need for assistance from the scheme was found among the aged group of the population and three-quarters of the total assistance permitted was given to these people. To cover all the deserving cases the number of hours given to each household was minimal and indeed not always sufficient but such a system at least gave some help to large numbers and not just to the few.

Though the home help scheme in its enlarged form has now been in operation for three years its underlying principles and purpose are not always appreciated and yet they must be understood if the scheme is to prosper and be efficient economically. The need for a home help must be real and, equally, an applicant for assistance must show that the need cannot be met from other sources. The family is expected to help in the illness of the mother and it is hoped that near relatives and kindly neighbours will continue to rally round for I can envisage no state-aided home help scheme which could do without such assistance. It is important also to realise that the scheme is not free, though with the aged it very often is, and the household is expected to pay for the assistance given according to its means and within the scale of charges laid down by the County Council. Lastly it should be understood that the number of home helps is strictly limited, the County Council has fixed the establishment of home helps for the division and it is my duty, as divisional medical officer, not only to see they are used to the best advantage but to see that the number authorised is not exceeded. Whether the authorised establishment of home helps is sufficient for the needs of the district may be a matter of opinion but I am convinced that the success of any home help scheme depends to a very large measure on the healthy members of the population giving willing and voluntary service to those less fortunately placed.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.



Maternity and Child Welfare Services.

The Maternity and Child Welfare Services are provided by the County Council. Child Welfare Clinics are held weekly at the Mechanics' Institute, Dodworth, on Tuesdays from 2 p.m. to 4 p.m. During the year 47 sessions were held at which there was an attendance of 2,057 children, an average of 43.8 per session. 78 children were seen for the first time of whom 74 were under the age of one year. 758 children were examined by the doctor during the year, an average of 16.1 per session.

Compared with the previous year the attendances at the Child Welfare Clinics declined, no doubt due in part to the lowered birth rate. The importance of Child Welfare Clinics, in my view, has not declined though with the shifting of emphasis to curative medicine, an unfortunate effect of the National Health Service Act, the value of preventative medicine is not so apparent to the general public as perhaps it was in the past. The Child Welfare Clinic is or should be the home of preventative medicine and in no age group does it pay better dividends than it does among infants. Despite the fall in attendances I still believe the Dodworth mothers are clinic conscious and I hope they will always continue to be.

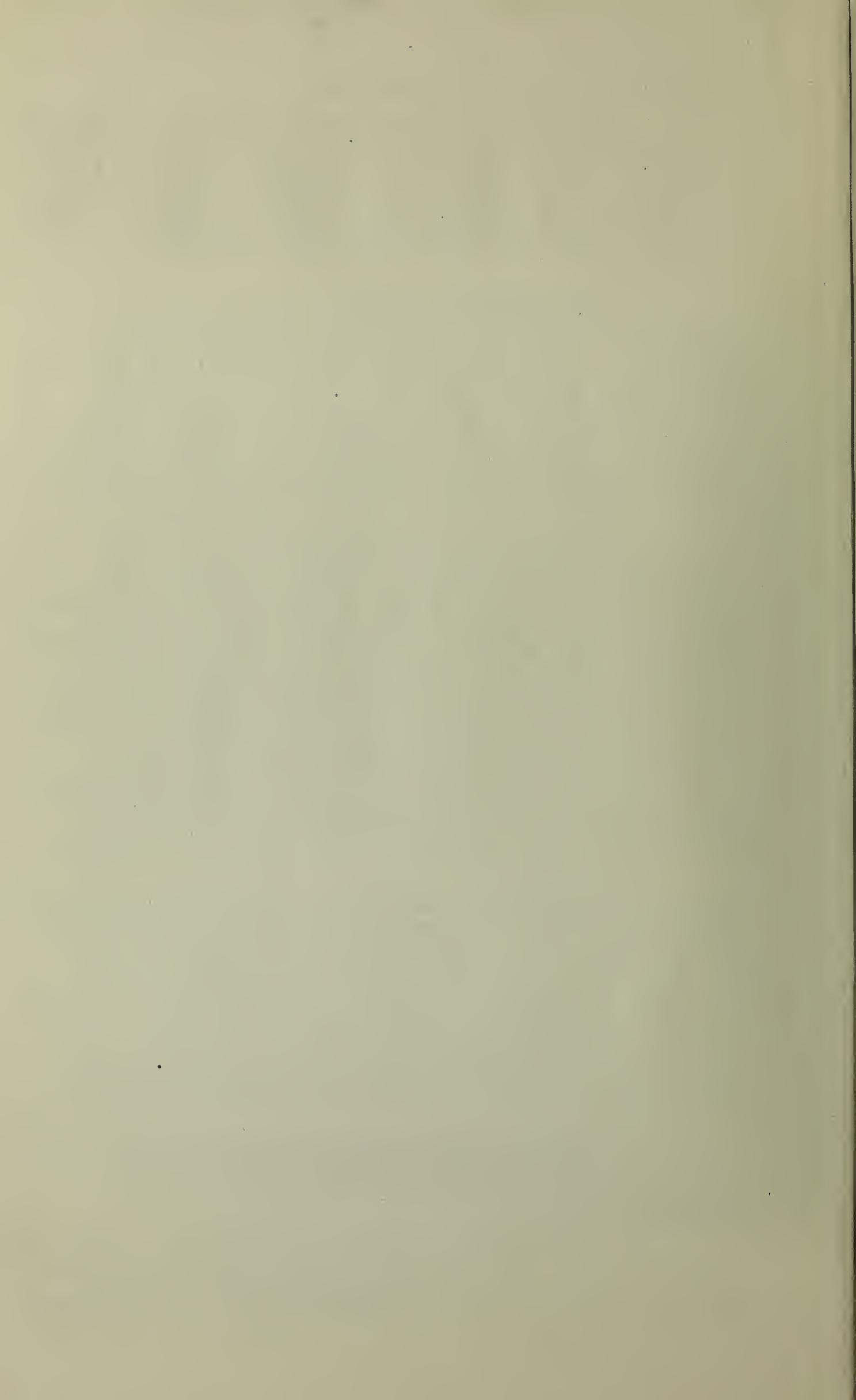
In one respect the clinic recorded a dismal failure last year, a failure to convince mothers of the real need to have their babies vaccinated. It is true that since the repeal of the Vaccination Orders and the removal of the element of compulsion the number of babies vaccinated has fallen in many parts of the country. The need for vaccination in infancy, however, is perhaps greater than it was 20 years ago now that air-travel between this country and foreign lands, where smallpox is still prevalent, is so common and when people can contract the disease abroad and be back home before the symptoms of the disease begin to show. A recent outbreak in the south of the country proved only too clearly that this can easily happen and the disease, which has almost disappeared, can return if the population reverts to its former unvaccinated state. The time for primary vaccination is undoubtedly in infancy when constitutional disturbance from vaccination is minimal and I do urge parents to accept this really necessary protection for their children.

The Ante-Natal Clinics are held on the first and third Thursdays of the month at "Stonchurst", Green Road, Dodworth, from 2 p.m. to 3 p.m. 24 sessions were held during the year, at which 24 women made 83 attendances, an average attendance of 3.4 per session. The number of expectant mothers attending the clinic was very considerably lower than in the previous years and indeed it is questionable whether, from an economic standpoint, the numbers justify the holding of clinics. The reasons for the fall in attendances were the greatly increased use of the General Practitioner/Obstetrician service created by the National Health Service Act and the greater number of women having their ante-natal care and confinement in hospital.

SANITARY CIRCUMSTANCES OF THE AREA.

Housing.

I regret to state no houses were built in your district last year. Every effort was made to keep existing property in reasonable repair, a task of considerable difficulty when so many of the houses are old and sub-standard and in many instances more ready for demolition than repair. In my annual report for



1949 I said good health and good homes were inseparable companions, certainly without the latter there is a real danger of losing the former. The health of the people of your district last year was satisfactory but I must confess that I would feel far more confident of this desirable state being maintained in the future if the housing situation were better.

Water Supplies.

The water supply for your district, which is chlorinated, is obtained from the Barnsley Corporation. The water, which was analysed at regular intervals, was satisfactory both in quality and quantity. All houses in the district received the piped supply except one which is supplied from a satisfactory well.

Infectious Diseases.

During the year 98 cases of infectious diseases were notified as compared with 122 cases in the previous year. As in 1949 Measles was by far the most prevalent disease.

Notifiable Diseases (Other than Tuberculosis)
during 1950.

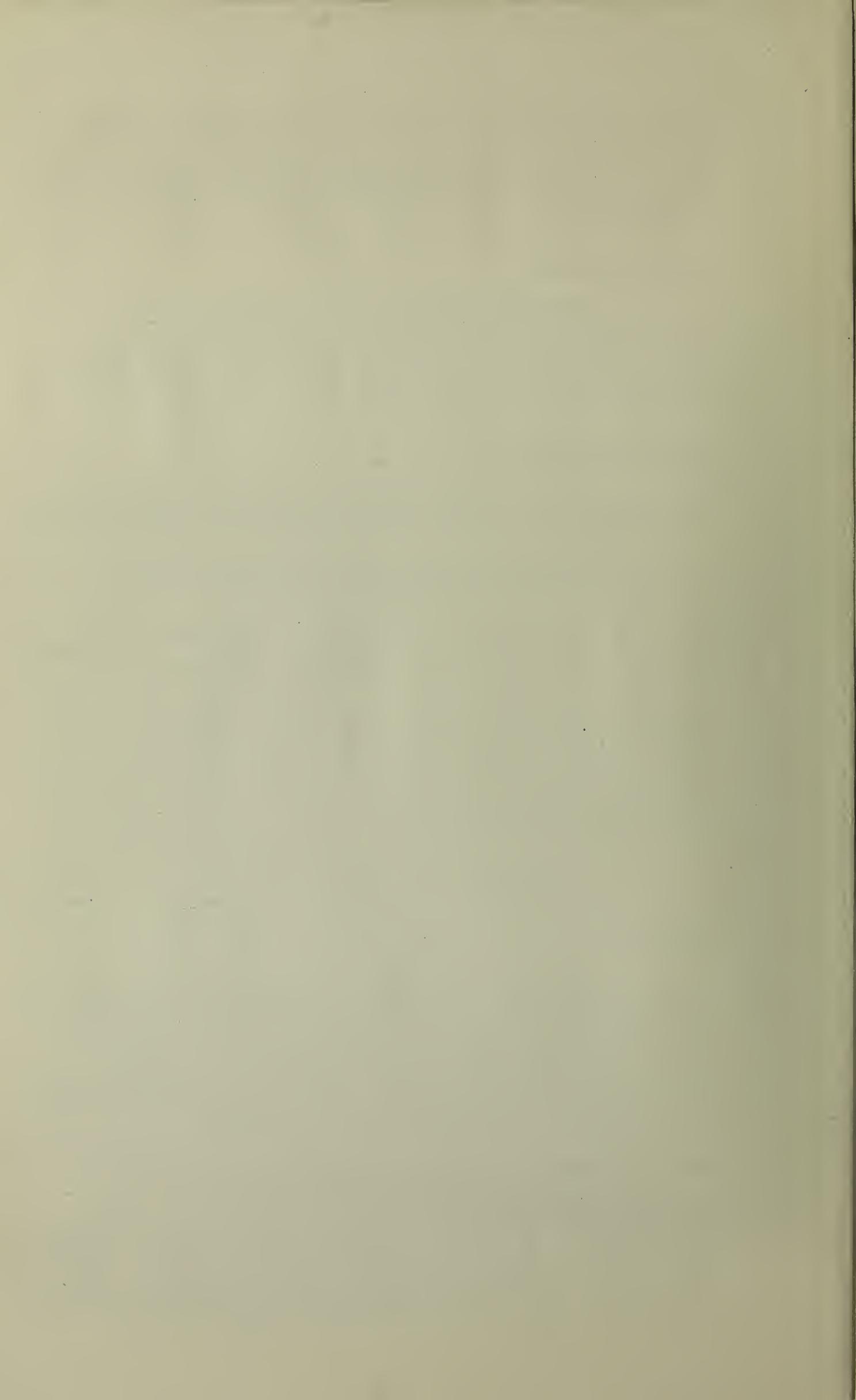
	Total Cases Notified	Admitted to Hospital	Deaths
Measles	80	2	-
Whooping Cough	7	-	-
Scarlet Fever	7	2	-
Pneumonia	1	1	-
Puerperal Pyrexia	1	1	-
Erysipelas	1	-	-
Ophthalmia Neonatorum	1	-	-
 Totals	 98	 6	 -

Measles.

There was an epidemic of Measles in the last quarter of the year reaching its peak in the last week of November. 80 cases were notified but in general the disease was mild and caused little ill-health. It is usual for Measles to follow a two year cycle and to that extent the epidemic last year, following as it did a considerable epidemic in the previous year, was unexpected. Only two patients, both very young children, required admission to hospital.

Whooping Cough.

While Whooping Cough was not prevalent in your district last year it can be a potent cause of ill health in young children and in some instances causes permanent damage to the lungs. Many people wonder why local health authorities fail to offer immunisation against Whooping Cough to infants and toddlers when such facilities can be obtained through the family doctor under the National Health Service Scheme.



A very great deal of research on Whooping Cough vaccine has been done in many parts of the country and many vaccine preparations have been tried. All, under rigidly controlled experimental conditions, have proved efficacious to a certain degree, with some better than others, but so far no vaccine has been discovered which has the same degree of effectiveness against Whooping Cough as the diphtheria prophylactics have against diphtheria. The real danger to mass immunisation schemes against a disease is to start the scheme too soon before a really effective prophylactic is available. If this were done in Whooping Cough and too many immunised children contracted the disease it might well prejudice the minds of parents against immunisation for many years to come and even when a really potent prophylactic was available.

I believe the day when a potent prophylactic against Whooping Cough will be available is not far off, in the meantime it must be left to the family doctor to immunise those children who, because of immaturity or debility, should not run the risk of contracting the disease at the same time informing the parents the immunisation may not be completely effective. Parents can help by ensuring the babies and debilitated children do not come in contact with children suffering from the disease.

Diphtheria.

For the sixth year in succession no case of Diphtheria occurred in the district. The disease has become a dim but unpleasant memory of the past but it can become a reality again if the immunisation state among children falls below the safety level. By the end of last year it was estimated that 71.4% of children between the ages of 0 and 15 years were immunised with 43.1% of children under the age of 5 years and 88.9% of children over the age of 5 years protected. As the figures clearly show there is still a large number of parents who fail to have their children immunised until they reach school age and in doing so let the children suffer a needless risk. I shall not be content till all parents agree with me that it is a needless risk and make full use of the very ample facilities which are available for immunisation.

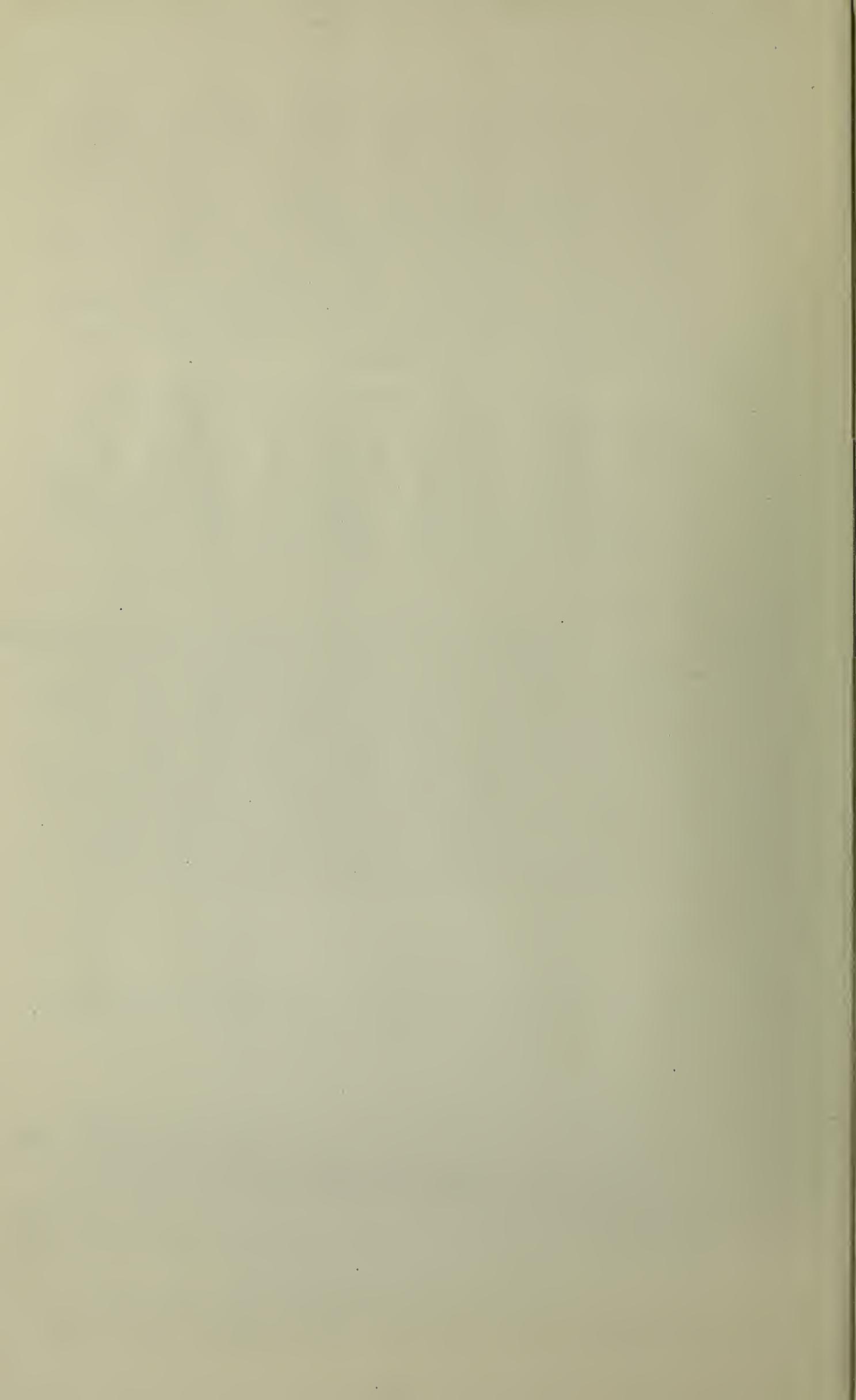
Scarlet Fever.

Seven cases of Scarlet Fever were notified last year as against 5 in 1949. The disease was relatively mild in character and without complications.

Tuberculosis.

Three new cases of Pulmonary Tuberculosis were notified last year and no deaths from Tuberculosis in any form occurred. I am glad to report that a number of your residents availed themselves of the opportunity of having a chest X-ray when the Mass Radiography Unit visited Barnsley in the summer. I hope that many more Dodworth residents will visit the unit when it next comes to Barnsley as it is intended that the unit shall serve not only the County Borough but the small Urban Districts immediately adjacent.

Progress was made last year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with B.C.G. vaccine. The scheme



is still very much in its infancy but it will grow as the initial difficulties are overcome and will prove, I believe, of real value in the prevention of disease among children.

Tuberculosis: New Cases and Mortality in 1950.

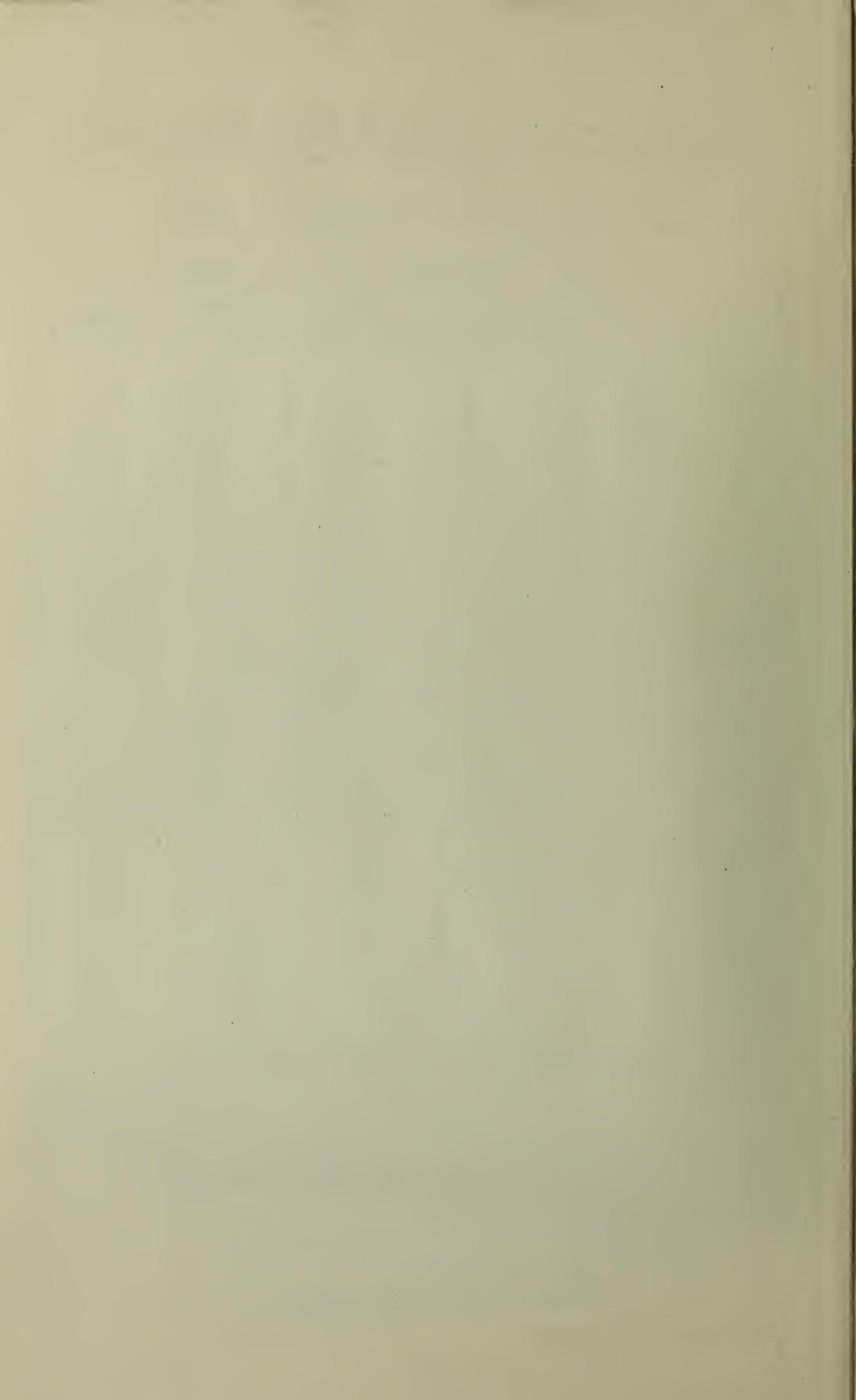
Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 - 1 years	-	-	-	-	-	-	-	-
1 - 5 years	1	1	-	-	-	-	-	-
5 - 10 years	-	-	-	-	-	-	-	-
10 - 15 years	-	-	-	-	-	-	-	-
15 - 20 years	-	-	-	-	-	-	-	-
20 - 25 years	-	-	-	-	-	-	-	-
25 - 35 years	-	-	-	-	-	-	-	-
35 - 45 years	-	-	-	-	-	-	-	-
45 - 55 years	1	-	-	-	-	-	-	-
55 - 65 years	-	-	-	-	-	-	-	-
over 65 years	-	-	-	-	-	-	-	-
TOTALS	2	1	-	-	-	-	-	-

Tuberculosis - New Cases and Mortality for the past 10 years.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
	M	F	M	F
1941	-	-
1942	-	-
1943	2	-
1944	2	-
1945	-	-
1946	-	-
1947	1	-
1948	1	-
1949	-	-
1950	9	1
		3	-	-

Tuberculosis: Record of Cases during 1950.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1950	8	10	-	3
No. of cases notified for first time during year	2	1	-	-
No. of cases restored to register	-	-	-	-
No. of cases added to register otherwise than by notification.	1	-	-	-
No. removed to other districts	-	-	-	-
No. cured or otherwise removed from register	1	1	-	-
No. died from disease	2	-	-	-
Total at end of 1950	8	10	-	3



ANNUAL REPORT
OF THE
SANITARY INSPECTOR
FOR THE YEAR 1950.

To The Chairman and Members of the
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my annual Report on the work of the Sanitary Department for the year 1950.

The position with regard to clerical assistance has been improved in that I shared the services of a Clerk with the Surveyor's Department for the last four months of the year.

Housing.

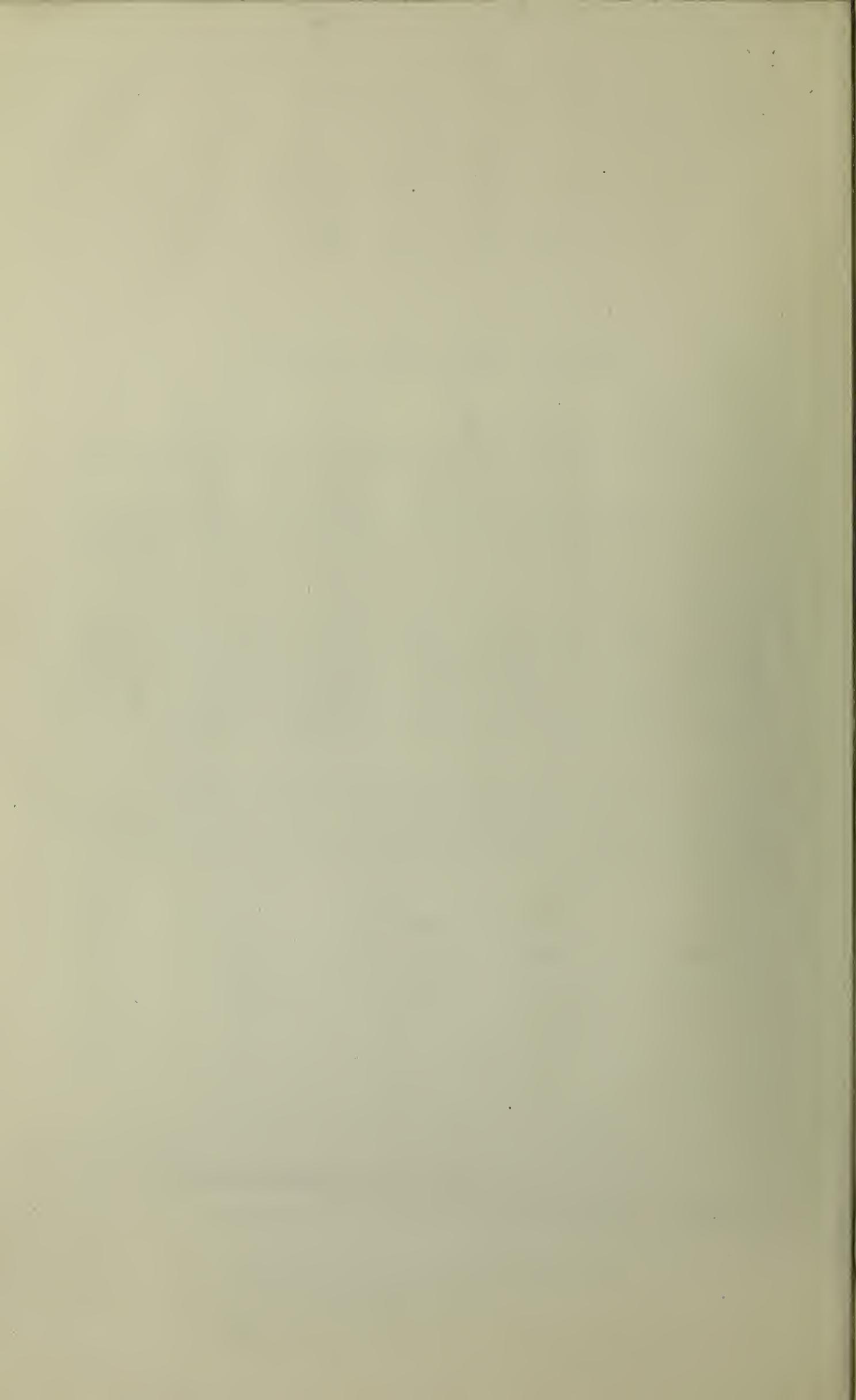
Owing to the still heavy demand for new houses, the importance of repairing and improving existing property is still paramount. Whilst the argument still rages in connection with the vexed question of whether a landlord ought to be allowed to increase his rents or not, the Sanitary Inspector still has to carry on demanding repairs so that tenants may live in reasonable comfort.

The law relating to housing repairs remains substantially the same irrespective of the economic situation prevailing at any particular time, and it is therefore necessary, in my opinion, to modify our demands to meet the existing set of circumstances. This has been done so far with a fair measure of success.

Housing Statistics.

1. Inspection of dwelling houses during the year.

(i) (a) Total number of houses inspected for housing defects (under Public Health or Housing Acts)	101
(b) No. of inspections made for this purpose	146
(ii) (a) No. of dwelling houses (included under sub-head (i) above, which were inspected and recorded under the Housing Consolidated Regulations	-
(b) No. of inspections made for this purpose	-
(iii) No. of dwelling houses needing further action :-	
(a) No. considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(b) No. (excluding those in sub-head (iii)(a) above), found not to be in all respects reasonably fit for human habitation ...	79.



2. Remedy of defects during the year without service of formal notices.

No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	79
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3. Action under Statutory Powers during the year.

Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(i)	No. of representations etc. made in respect of dwelling houses unfit for habitation	... ... ... ... ... ...	1
(ii)	No. of dwelling houses in respect of which demolition orders were made	... ...	-
	N.B. Owner of house referred to in (i) has made house fit.		
(iii)	Number of dwelling houses demolished in pursuance of demolition orders	... ...	-

New Houses.

No. of new houses provided during the year :-

By the local authority				
	Permanent type	...		-
	Temporary type	...		-
By private enterprise	...	...	...	-

Public Cleansing.

Collection of house refuse is still carried out entirely by direct labour, and the cost of the service for the year was £1,168.

The whole district is covered in less than 3 days under normal circumstances, and when not engaged on cleansing duties the scavenging vehicle is used as a general purpose vehicle (including highways work etc.)

The vehicle concerned is a three-ton Morris Comercial Refuse Collector which continues to give satisfactory service after just over three years service.

Refuse is still being tipped in the Welfare Recreation Ground Tip and at the end of the year it was evident that the football playing area could shortly be extended.

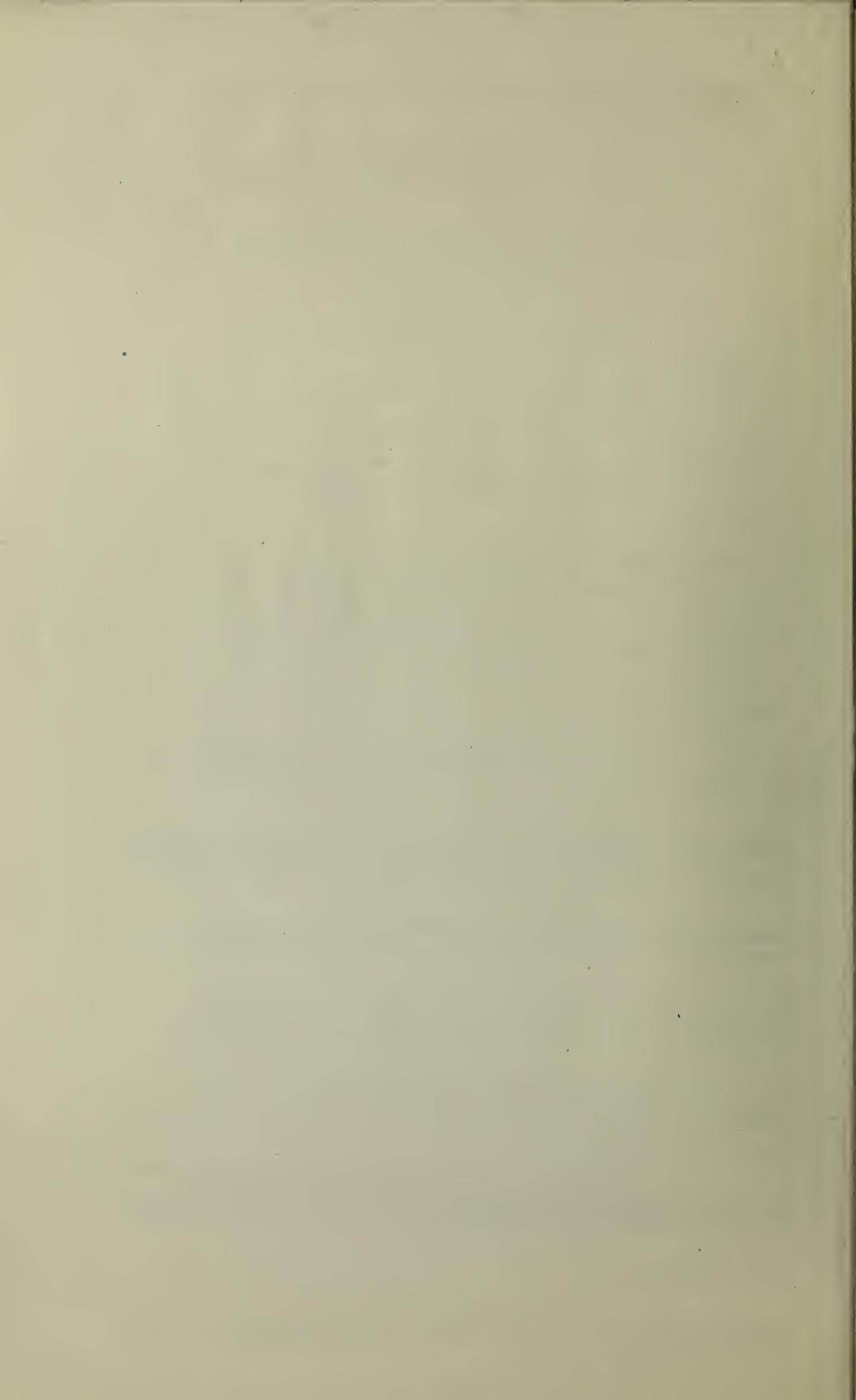
There was a slight recurrence of the cricket infestation during the summer months but the infestation was easily controlled.

Verminous Premises.

Treatments are still carried out free of charge, for bed-bug infestations, and 'Gammexane' powder is issued free for dealing with other insect pests.

Infectious Disease.

Disinfection was carried out at 5 houses from which cases of infectious disease had been removed to hospital or treated at home.



Liquid disinfectant is issued free of charge to all householders who apply for it.

Rodent Control.

The usual maintenance treatments of the Council's trunk sewers have been carried out during the year.

Two treatments were carried out at the Sewage Works, the first using the pre-baiting method and the second using gas generated from 'Cymag'. Both treatments were effective but the gassing was a great saving in time and labour. Unfortunately gassing can only be used in isolated parts away from human habitation, unless very strict precautions are taken.

On the Welfare Ground Tip there was a heavy infestation of rats which built up very quickly. The infestation was dealt with effectively using pre-baiting.

Salvage.

Salvage of ferrous and non-ferrous metals continues.

Salvage of waste paper was discontinued during the year because of the difficulty of disposing of collections.

Milk.

There are 13 retail milk sellers in the district.

All raw milk retailed in the district has been sampled and subjected to biological test.

One herd was found to be producing tuberculous milk, and arrangements were made for the product of the whole of the herd to be pasteurised until the infected cow or cows were located. One cow was found to be infected and was destroyed at Barnsley Abattoir. There was no claim for compensation by the owner of the cow.

Meat Inspection.

All Butchers' meat consumed in the district is slaughtered at or passed through the Barnsley Abattoir.

Until April 1950 the meat was delivered to the Dodworth Butchers' Buying Pool whose premises consisted of a disused slaughterhouse at the rear of 38 High Street, Dodworth. I was not satisfied with either the cleanliness or the structural condition of the premises and arranged for the place to be condemned. I am to thank the Council and the Area Meat Agent of the Ministry of Food for the support I was given in this matter. The building has since been completely demolished.

Colliery Spoilbanks.

The Colliery Spoilbank at Old Silkstone Colliery is no longer the serious nuisance it was last year, and the efforts at control appear to be showing results.



However, the Spoilbank is still not ready for up-grading out of the nuisance class and it will be necessary to maintain a careful watch on the situation.

Tents, Vans and Sheds.

At the end of the year there were three moveable dwellings in the district. These have been maintained satisfactorily. This is a decrease on last year.

Closet Accommodation.

During the year 2 waste water closets were converted to water closets and the situation is now as follows :-

No. of water closets	...	...	..	1,132
No. of waste water closets	...	...	..	19
No. of covered middens	...	...	...	23
No. of pail closets.	...	...	...	3

Factories Acts.

Inspections for purpose of provisions as to health :-

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted.
1. Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	-	-	-	-
2. Factories not included in 1 in which Section 7 is enforced by the local authority	3	18	-	-
3. Other premises in which Section 7 is enforced by the local authority (excluding out-workers premises)	1	4	1	-
	4	22	1	-

I am, Gentlemen,

Your obedient Servant,

P. B. HAWLEY

Sanitary Inspector.

